MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11449

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville — LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Phelps	Emil	Bailey	11	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	3-23-70	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef Hotel	Retired	France	U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Charles Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442X Immediate cause	(a) Acute congestive heart failure	
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyle	M.D	Forestville Md	11-19-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/22/50	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 20, 1950	R Bruce Smith	Ritchie Bros.	Upper Marlboro, Md.

12071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11450

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 yrs., 6 mos. & 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1627 14th St., N. W., Apt. #4 ✓

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) R (Last) BALLARD
4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Never married
8. DATE OF BIRTH 10/11/08
9. AGE last birthday 42 yrs. If under 1 year Months - Days - If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Charlotte, N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Ballard
14. MOTHER'S MAIDEN NAME Louise Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY No. 578-07-8699
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, Far advanced — INTERVAL BETWEEN ONSET AND DEATH 4 years

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1947, to 11/8, 1950, that I last saw the deceased alive on 11/8, 1950, and that death occurred at 5:55 A. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 11/8/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF 11/8/50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/8/50
REGISTRAR'S SIGNATURE Alice Weiss
24. FUNERAL DIRECTOR Malvan & Schey ADDRESS 424-R St N.W. Washington D.C.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 11 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

11451

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9516--49th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 9516--49th Place

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) KELLER (Last) BARHAM

4. DATE OF DEATH: (Month) Nov. (Day) 13th, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/10/1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Luray, Page County, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Henry Barham

14. MOTHER'S MAIDEN NAME: Mary Jane Judd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 217-01-5639

17. INFORMANT: Ida Belle Barham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion due to Coronary Sclerosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

131a (c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md. 11-14-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF 11/16/50 | NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM. | LOCATION (City, town, or county) (State) COLMAR MANOR, MD.

DATE REC'D BY LOCAL REG. NOV. 13-1950 | REGISTRAR'S SIGNATURE John D Smith

24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers Company, Riverdale, Md.

988V9

RECEIVED
NOV 17 1950
BUREAU V. S

11452

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 28 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1225 4th St., N. W.

3. NAME OF DECEASED (Type or Print) (First) ROSA (Middle) (Last) BELT
4. DATE OF DEATH (Month) 11 (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/10/1897
9. AGE last birthday 53 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Spottsylvania, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME Sally Ann Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 9 mos

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1950, to 11/10, 1950, that I last saw the deceased alive on 11/10, 1950, and that death occurred at 6 10 P m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Md. DATE SIGNED 11/10/50

23. ~~BURIAL, CREMATION REMOVAL~~ (Specify) Burial
DATE THEREOF 11/13/50
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

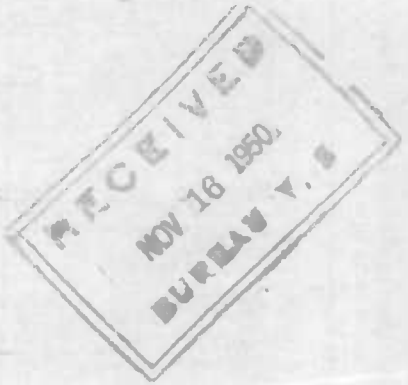
DATE REC'D BY LOCAL REG. 11/11/50
REGISTRAR'S SIGNATURE Nice Weiss
24. FUNERAL DIRECTOR Barry & Son ADDRESS 611 - K St. N.W.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
NOV 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11453

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 4 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1007 Hopewell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 1007 - Hopewell Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	Gibbons	Bilhimer	Nov.	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 4, 1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert Bowman — 14. MOTHER'S MAIDEN NAME: Susan Clower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Edwin S. Bilhimer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia

902.0 / 186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured femur.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Takoma Park. — (COUNTY) Pr. Geo. — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 1-1950 4 p. m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Fell while getting out of bed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney, M.D.	Dep. Med. Exam.	Cheverly, Hyattsville, Md.	11-19-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/22/50	Ft. Lincoln Cemetery	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 19 1950	James Berry	The W. H. Hines Co.	2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 21 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11454

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4214 - 54th Place

3. NAME OF DECEASED (Type or Print): (First) mrs. SARAH (Middle) (Last) BOOKS

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 17, 1859

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHNAS KOFFMAN

14. MOTHER'S MAIDEN NAME: ELIZA MOIST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: BLANCHE ALBERTI - DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	7-8 days.
434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	Probably several weeks
132	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 23, 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert B. Day — ADDRESS: 1833 Monroe St. N.E. Wash D.C. — DATE SIGNED: 11-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): transportation — DATE THEREOF: Dec 2, 1950 — NAME OF CEMETERY OR CREMATORY: Lost Creek Cemetery — LOCATION (City, town, or county) (State): Mifflintown Pa

DATE REC'D BY LOCAL REG. 12-1st 1950 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: L. Gache Son — ADDRESS: Hyattsville Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 4 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11455

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5615 Edmonston Ave.	STREET ADDRESS (If rural, give location) 5615 Edmonston Ave

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Whiteley	(Last) Browning	4. DATE OF DEATH (Month) Nov 5, (Day) 1950- (Year) 19
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 6/20/1881	9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Washington D. C.	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME Charles F. Whiteley		14. MOTHER'S MAIDEN NAME Josephine B. Peyton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -- --	17. INFORMANT AND ADDRESS Mr. Perry W. Browning Riverdale Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331a	Immediate cause	(a) cerebral Hemorrhage	1 week
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 years
		(c) arteriosclerosis	about 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct 30, 1950, to Nov 5, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis M. Jimal M.D.		College City, Md	11/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/9/1950	NAME OF CEMETERY OR CREMATORY Congressional	LOCATION (City, town, or county) (State) Washington D. C.
DATE REC'D BY LOCAL REG. Nov. 8 1950	REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)	24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md.	ADDRESS

RECEIVED
NOV 9 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11456

Reg. Dist. No. 2131

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 9 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights
STREET ADDRESS (If rural give location) 5328 Chesapeake Road.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Patricia Elaine Burdine

4. DATE OF DEATH (Month) (Day) (Year) Nov 2 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) baby
8. DATE OF BIRTH 9-30-48
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Albert G. Burdine
14. MOTHER'S MAIDEN NAME Dorothy Burkholder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Father.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Toxemia (acidosis)

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetic coma (diabetes mellitus)

(c) Hyperglycemia

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md 11-2-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF NOV 6
NAME OF CEMETERY OR CREMATORY WASHINGTON NATIONAL
LOCATION (City, town, or county) SUITLAND (State) MD

DATE REC'D BY LOCAL REG. Nov 4/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. CHAMBERS Co. ADDRESS RIVERDALE MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 7 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

11457

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 421 Prince Georges St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kansas — COUNTY Wyandotte
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kansas City
STREET ADDRESS (If rural, give location) (unknown)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAURA	(NMI)	BURNS	Nov	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	Sept 26, 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	none	Ohio	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(unknown)	(unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	216-14-7708B	Charles H. Burns (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	48 hrs
443X 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lt Sided Heart Failure	11 mos
	(c) Arteriosclerotic HCVD	2 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan, 1950, to Nov, 1950, that I last saw the deceased alive on 15 Nov, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas R. Wishard	MD	322 Prince Georges St Laurel Md	16 Nov '50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 18, 1950	Hasley Family Cemetery	Savage, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 17-1950	M. Brashears	Dewitt Donaldson	Laurel, Md.

RECEIVED
NOV 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11458

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince GeorGes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS EUGENE) c)AND MEMORIAL Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CINCINNATI
STREET ADDRESS (If rural, give location) 4548 MidlAND Ave

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) CAROLYN (Last) ButterFASS

4. DATE OF DEATH: (Month) NOV. (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.

8. DATE OF BIRTH: Sept. 29, 1889

9. AGE last birthday: 61 yrs. — If under 1 year: Months — Days 6 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) CINCINNATI, Ohio

12. CITIZEN OF WHAT COUNTRY? AM.

13. FATHER'S NAME: Jacob Michael Huber

14. MOTHER'S MAIDEN NAME: ELIZABETH - SWERE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: HOSPITAL Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Central Hemorrhage — Short

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 92e (b) Central Tumor - Myocardial — (9)

(c) Endocardial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 19.50, to 11/5, 19.50, that I last saw the deceased alive on 11/4, 19.50, and that death occurred at 9:39 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

WB Ward, M.D. — 314 Crofton Lane

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Transportation — Nov 5, 1950 — Cincinnati — Ohio

DATE REC'D BY LOCAL REG. Nov 6, 1950 — REGISTRAR'S SIGNATURE James Seney

24. FUNERAL DIRECTOR — ADDRESS

E. Davis's Sons Hyattsville, Md.

RECEIVED
NOV 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11459

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY P.G. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosaryville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Baby Byrd

4. DATE OF DEATH (Month) (Day) (Year) 8 Nov 1950

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 8 Nov 50
9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clayton Joseph Byrd
14. MOTHER'S MAIDEN NAME Rose Agnes Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Rose Jackson Byrd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0 Immediate cause (a) Non Expansion of Lungs — INTERVAL BETWEEN ONSET AND DEATH 10 min

Antecedent cause(s)

160c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cord around neck

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Nov, 1950, to 8 Nov, 1950, that I last saw the deceased alive on 8 Nov, 1950, and that death occurred at 8 PM m., from the causes and on the date stated above.

SIGNATURE R B Tasser (Degree or title) M D ADDRESS Upper Marlboro Md DATE SIGNED 9 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 11/10/50 NAME OF CEMETERY OR CREMATORY Mt Carmel LOCATION (City, town, or county) (State) Upper Marlboro

DATE REC'D BY LOCAL REG. Nov. 9-50 REGISTRAR'S SIGNATURE Carrie T. Campbell.
24. FUNERAL DIRECTOR Myrtle K. Rollins — ADDRESS 4339 Hunt pl. N.E.

40X080 21240 V

#264

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 14 1950

11460

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. Geo. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) Elizabeth (Last) Cooke

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 14 1950

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 16-1916
9. AGE last birthday 34 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Her family
11. BIRTHPLACE (State or foreign country) Aquasco Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Andrew J. Grimes
14. MOTHER'S MAIDEN NAME Marguerite A Demar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John Wilson Cooke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMATOSIS WITH METASTATIC	4 MONTHS
170X Antecedent cause(s)	INVOLVEMENT OF LIVER, LUNGS AND VERTEBRA	
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SCHIRROUS CARCINOMA OF RIGHT BREAST	16 MONTHS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NOVEMBER 14, 1949
19b. MAJOR FINDINGS OF OPERATION SCHIRROUS CARCINOMA OF RIGHT BREAST WITH AXILLARY METASTASES
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from NOVEMBER 1948, to NOVEMBER 1950, that I last saw the deceased alive on NOVEMBER 12 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, (Degree or title) M. D. ADDRESS Hughesville DATE SIGNED 11/16/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE Nov 17-50 NAME OF CEMETERY OR CREMATORY Emmanuel LOCATION (City, town, or county) Rural Brandywine (State) Md

DATE REC'D BY LOCAL REG. 11-16-50 REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Wyon ADDRESS Maldal

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH 11461

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier — LENGTH OF STAY (In this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4230-31st. Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Rainier
STREET ADDRESS (If rural give location): 4230-31st. Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Rosa	Minnie	Conover	Nov. 29 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	5-24-1876	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	In own home	Winfield-Kansas	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfonso Ray	Francis Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Lucille Richards - Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
442X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac asthma	
131 a	(c) Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D.	Dep. Med Examiner	Chevy Chase Md	11-29-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/2/50	Fort Lincoln Cemetery	Colmar Manor,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 30 1950	Mrs Jas. Devere (Deputy Local)	Valley View Funeral Home	5200 R.I. Ave. Mt Rainier, Md.

RECEIVED
DEC 4 1950
U.S. ARMY

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11462

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3912 - Webster Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural give location) 3912 - Webster Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Junius (Last) Conway
4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 25, 1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Leola E. Conway - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. - Cheverly Hyattsville, Md 11-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/13/50
NAME OF CEMETERY OR CREMATORY Lincoln Cuch
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. Nov 11, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR Robert S. McGuire
ADDRESS 1820 - 9 St. N.W. Washington, D.C. XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11463

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 yrs., 9 mos., & 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2125 9th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) BEATRICE (Middle) (Last) CRAWFORD
4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8/17/1905
9. AGE last birthday: 45 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Work
10b. KIND OF BUSINESS OR INDUSTRY: Unknown but address is 2020 9th St., N.W. Washington, D. C.
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Smith
14. MOTHER'S MAIDEN NAME: Annie Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 5 yrs 7 mos

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cor pulmonale — 2 yrs 2 mos

130 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 19 48, to 11/10, 19 50, that I last saw the deceased alive on 11/10, 19 50, and that death occurred at 8:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Daniel Leo Finucane M.D. — Glenn Dale Sanatorium, Glenn Dale, Md. — 11/10/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 11/13/50 — NAME OF CEMETERY OR CREMATORY Lincoln Cemetery — LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 11/11/50 — REGISTRAR'S SIGNATURE Roe Weiss — 24. FUNERAL DIRECTOR Edward J. Gawler — ADDRESS 1707 - 1 St NW

44888 Wash D C

RECEIVED
NOV 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11464

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural); LENGTH OF STAY (in this place): 811 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: ; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia; STREET ADDRESS (If rural, give location): 505 P Street Northwest

3. NAME OF DECEASED (Type or Print): (First) REBECCA (Middle) HOLLAND (Last) CRAWFORD

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 4/15/1928

9. AGE last birthday: 22 yrs. If under 1 year: Months ; Days ; If under 24 hrs.: Hours ; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Holland (step-father)

14. MOTHER'S MAIDEN NAME: Lizzie Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary tuberculosis — Interval between onset and death: 34 mos.

0027 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1320 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 1948, to 11/15, 1950, that I last saw the deceased alive on 11/15, 1950, and that death occurred at 7:10 p. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Md DATE SIGNED: 11/16/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF: 11/16/50; NAME OF CEMETERY OR CREMATORY: ; LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 11/16/50; REGISTRAR'S SIGNATURE: Abe Weiss

24. FUNERAL DIRECTOR: Malvan & Selby Inc. ADDRESS: 424 R. St. NW

77087

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11465

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (In this place) Since 8-3-50; HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 422 Cummings Lane

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) ELIZABETH (Last) CUMMINGS

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 1950

5. SEX: ~~Male~~ Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Sept. 1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Cummings

14. MOTHER'S MAIDEN NAME: Mary Ellen Wall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: J. W. Cummings, 4810 Middlesex Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Right Hemiplegia) — Interval Between Onset and Death: 10-26-50

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis — Interval Between Onset and Death: Many Years

331X

330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1950, to 11-1, 1950, that I last saw the deceased alive on 10-31, 1950, and that death occurred at 7 9. m., from the causes and on the date stated above.

SIGNATURE: James P. Sands (Degree or title): M.D. ADDRESS: Laurel Sanitarium, Laurel, Md. DATE SIGNED: 11-1-1950

23. BURIAL / CREMATION / REMOVAL (Specify): Burial

DATE: 11-4-50

NAME OF CEMETERY OR CREMATORY: St. Johns

LOCATION (City, town, or county) (State): Forest Glen Md

DATE REC'D BY LOCAL REG.: Nov. 1, 1950

REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Francis J. Collins ADDRESS: 3821-14th St. N.W. Wash. 11, D.C.

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RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11466

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X X X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside
STREET ADDRESS (If rural, give location): 1309-57th ave.

3. NAME OF DECEASED (Type or Print): (First) LIZZIE (Middle) O (Last) DANIELS

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1950

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9/30/1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sumter County S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Daniels Calhoun Wilson

14. MOTHER'S MAIDEN NAME: Libbie (Wilson) Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Betty Ann Catalano

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of pancreas — 11 months

157X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

469 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 16, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1950, to Nov 21, 1950, that I last saw the deceased alive on Nov. 20, 1950, and that death occurred at 6:02 P.M., from the causes and on the date stated above.

SIGNATURE: Ernest E. Camelsen (Degree or title) MD — ADDRESS: 4400 Bowen Rd. SE. Wash 19, D.C. — DATE SIGNED: Nov 21, 1950

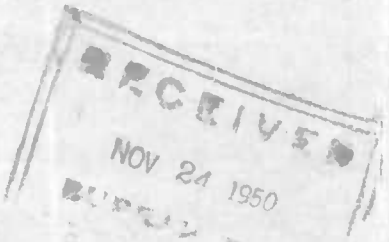
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/22/1950 — NAME OF CEMETERY OR CREMATORY: Sumter Cemetery — LOCATION (City, town, or county) (State): Sumter, S.C.

DATE REC'D BY LOCAL REG.: Nov. 21, 50 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: 517-11th st SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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NOV 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11467

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4103 - 30th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louise	R.	Davis	Nov	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Divorced.	13 Feb 1903	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Goverment	Tenn	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin L. Reed	Edna C. Sawyer's

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Ted Davis 4103-30th St. Mt. Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma L ovary — 2 yrs.

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

49a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1949	Large pelvic carcinoma, L ovary	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 46., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 pm (Degree or title) m., from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
Donald A Mitchell M D	1746 K St N W, Wash D C	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 27-1950	Ft. Lincoln	Bladensburg Rd. & D.C. Line

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-26-50	Amanda Downey	Valley's Funeral Home 3200-Rhode Island Ave. Mt. Rainier Md.

26697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11468

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 5 mos., & 24 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1015 17th Pl., N. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUIS	S.	DICK	11	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/1/1906	44 yrs.	—		—	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter and paper hanger	Self employed	Perm, Russia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Phillip Dick	Rachel Garber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No —	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	4 years.
002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 46b	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Stomach — 5 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5:24:, 1950, to 11:17., 1950, that I last saw the deceased alive on 11:16:, 1950, and that death occurred at 8:20a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Pincura	M. D.	Glenn Dale Sanatorium Glenn Dale, Md.	11/16/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11-19-50	National Capitol Hebrew	Wash	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/18/50	Noel Weiss	B. Danzansky & Son.	3501. 14th. Street. D.C.

340V9

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NOV 27 1950
BUREAU T 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11469

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Kenilworth. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4701 Addison Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth.
STREET ADDRESS (If rural give location) 4701 Addison Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) VIRGINIA (Last) Dickens.

4. DATE OF DEATH: (Month) Nov. (Day) 9, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 9/1/1910

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BRUNSWICK MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM W. MOCK

14. MOTHER'S MAIDEN NAME: MARY E. TALTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: GEORGIA HARRISON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach, Terminal Stage

151X Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1950, to 11/9, 1950, that I last saw the deceased alive on 11/9, 1950, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Alfred R. Greenfield M.D 1029 Vermont Ave, N.W. 11/9/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE 11/11/50 | NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM. | LOCATION (City, town, or county) (State) COLMAR MANOR, PR. GEO. MD.

DATE REC'D BY LOCAL REG. Nov. 13-50 | REGISTRAR'S SIGNATURE Carrie F. Campbell. | 24. FUNERAL DIRECTOR W.W. Chambers Co. | ADDRESS 5801 Cleveland Ave Riverdale, Md.

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NOV 20 1950
BUREAU P. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11470

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural); LENGTH OF STAY (in this place): 2 yrs., 5 mos. & 25 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY: -; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 4960 Mc Arthur Blvd. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	LE ROY	EVANS	Nov.	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	divorced	11-26-97	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance engineer	Wash. Gas Light Co.	Montgomery Co., Maryland	U.S.A.

13. FATHER'S NAME: Richard Evans

14. MOTHER'S MAIDEN NAME: Leannah Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown		577-07-7428	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002a **Immediate cause** (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yr. 10 mo.

13b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 7, 1948, to Nov. 1, 1950, that I last saw the deceased alive on Nov. 1, 1950, and that death occurred at 11:05 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.,	Glenn Dale Sanatorium, Glenn Dale, Maryland	11/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 4, 1950	Cedar Hill	Suitland, Prince George Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/50	Mal Weiss	George W. Wise	2900 M st., N.W. Washington, D.C. V-2254

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MARYLAND STATE DEPARTMENT OF HEALTH

11471

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
MARYLAND
LENGTH OF STAY (In this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: W. Hyattsville
STREET ADDRESS (If rural give location): 5602 Hamilton Manor Drive

3. NAME OF DECEASED (Type or Print): (First) Joyce (Middle) Helene (Last) Fleischer

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 21, 1950

9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Ronald Fleischer

14. MOTHER'S MAIDEN NAME: Fanny Heller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ronald Fleischer - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.0 **Immediate cause** (a) Pulmonary edema

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute congestive heart failure

(c) Submersion in bath tub

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mongolianism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): W. Hyattsville (COUNTY): Pr. Geo. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-7-50 7:15 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Submersion in bathinette while mother was out of room

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John D. Maloney M.D. Dep. Med. Exam.

ADDRESS: Cheverly, Hyattsville, Md.

DATE SIGNED: 11-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-8-1950

NAME OF CEMETERY OR CREMATORY: Rosehill Israel Cem.

LOCATION (City, town, or county) (State): Capitol Hgts. Md.

DATE REC'D BY LOCAL REG.: 11/7/50

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Goldberg Funeral Home

ADDRESS: 7-9-11 1917 8th St. N.W. Wash. D.C.

96210 99490

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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Evidence for addition in #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11472

FILM No. G 130 JAN 18 1951

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bellville — LENGTH OF STAY (in this place): Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: B.&O.R.R. Tracks

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bellville
STREET ADDRESS (If rural give location): Varnville Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Lee	Furr	Nov.	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	3-12-1940	10 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Berwyn, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Leon Furr	Ruby Pauline Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock	
802.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Laceration & fractures of head & body	
169	(c) Struck by R.R. Train	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	CITY OR TOWN (COUNTY) (STATE)
	B.R. Tracks	Bellville - Pr. Georges, Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
11-26-50 2.10 p.m.		Struck by train while crossing B.R. Tracks on bicycle (1/18/51 ake)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Mahoney	M.D. Dep. Med. Exam.	Cloverly-Hyattsville, Md	Nov. 26, 1950

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/29/1950	George Wash. Memorial	Riggs Rd - Prince Georges Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 28-1950	John D. Smith	W. W. Chambers Co	Riverdale, Md

NOV 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1143

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 2 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 813- Mt. Vernon Pl., N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROLAND	EDWARD	GARDNER*	Nov. 23rd 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	Divorced	3-11-'08	42 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	-	Munson Center, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harvey King (Pt.* adopted son of Charles Gardner)	Florence Collov

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	579-10-9372	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause (a) Pulmonary Tuberculosis	1 Year
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 25th, 1950, to Nov. 23rd, 1950, that I last saw the deceased alive on Nov. 23rd, 1950, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	10/23/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11-23-50		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-24-50	Roe Weiss	W. W. Chamberlain Co.	527 11th St. S.E. Wash. D.C.

34049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Lanham Severn Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie; STREET ADDRESS (If rural, give location) LANHAM SEVERN

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) MARTIN (Last) GODWIN

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Sept. 8, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEO. W. MARTIN

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: LEMUEL A. GODWIN, Box 182, Bowie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular accident.	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia Arteriosclerosis, generalized; Hypertension.	2 years.
	(c)	

331 X
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1950, to Nov. 14, 1950, that I last saw the deceased alive on Nov. 9, 1950, and that death occurred at 7:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. Leander Kurtz MD	RFD Bowie Md	11/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 16, 1950	Ft. LINCOLN CEMETERY	BLADENSBURG RD., PRGE. CO., Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-14-50	Agnes M. Yingling	J. ARTHUR WALTERS,	254 CARROLL STNW TAKOMA PARK, D.C.

VS. A15

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NOV 16 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro — LENGTH OF STAY (in this place): Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1613 Isherwood

3. NAME OF DECEASED (Type or Print) (First): Victor (Middle): Paul (Last): Grabis Jr
4. DATE OF DEATH (Month): Nov (Day): 27 (Year): 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 19, 1926
9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Victor Paul Grabis
14. MOTHER'S MAIDEN NAME: Sophronia Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Victor P. Hayden Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of base of skull, crushed chest

170 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): State Road — (CITY OR TOWN): Upper Marlboro — (COUNTY): P.G. — (STATE): Md
TIME OF INJURY (Month) 11 (Day) 27 (Year) 50 (Hour) 2:00 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Drive of car in a head on collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James I. Boyd — (Degree or title): M.D. — ADDRESS: Forestville Md — DATE SIGNED: 11-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/29/50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Arlington, Va. — (State)
DATE REC'D BY LOCAL REG.: 11/27/50 — REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 517-11th St. S.E.

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

NOV 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11476

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 2yrs, 11 mo.s 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2223 Georgia Ave., N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUIS	F	GRAY	11	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Single	10-8-08	42 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer, Construction
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charlottesville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fletcher Gray
14. MOTHER'S MAIDEN NAME: Louise Gaufney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 579-14-8318
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 6 years 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/13/, 1947, to 11/7/, 1950, that I last saw the deceased alive on 11/7/, 1950, and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Pinucane — (Degree or title): M.D., — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 11/7/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11/9/50	Dist. of Columbia Memorial	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/50	Mel Wiss	Daniel Leo Pinucane	Glenn Dale, Md

98869

RECEIVED
NOV 27 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11477

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md | LENGTH OF STAY (in this place) 16 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Hampton
4. DATE OF DEATH: (Month) Nov. (Day) 1, (Year) 1950

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: June 5 1875 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James O. Hampton
14. MOTHER'S MAIDEN NAME: Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Lillie Hampton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction & Thrombosis of left anterior descending branch of left coronary artery due	48 Hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) to Coronary arteriosclerotic heart disease.	
	(c) Also:- Carcinoma of Prostate Gland.	Unknown

1777
518

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1950, to Nov 1, 1950, that I last saw the deceased alive on Nov 1, 1950, and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W Smit Ritchie M.D. 7005 Ritchie Rd S.E. Washington 19 D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 11/4/50 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland, Md.

DATE RECD BY LOCAL REG. 11/1/50 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS
J. W. Lee's Sons Co. 300-4th St. N.E.
15667

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11478

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6009 Lafayette Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural give location) 6009 Lafayette Ave

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) T. (Last) Harless
4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1889
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Whitty Man
10b. KIND OF BUSINESS OR INDUSTRY Aircraft
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marion Harless
14. MOTHER'S MAIDEN NAME Betty Terry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Narcie Harless - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Thrombosis

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly Hyattsville DATE SIGNED 11-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5 Nov 50
NAME OF CEMETERY OR CREMATORY Hankins Cemetery
LOCATION (City, town, or county) Va. Richland (State) Va.

DATE REC'D BY LOCAL REG. Nov 3, 1950
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR E. Basch's Sons. ADDRESS

49638

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 6 1950
BUREAU OF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11479

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 2907 - 13th St N E

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leo		Hayden	Nov	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	White	married	March 5, 1911	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
auto mechanic	Repair Garage	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Algernus Hayden	Mary Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WW I		Mary Hayden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of base of skull, crushed chest

(c)

816.5
170 C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Pitt Road	Upper Marlboro	P.G.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
11	27	50	7:00 PM			Occupant of Car in a Head on collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Ford	M.D.	Forestville Md	11-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/29/50	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/27/50	Amanda Mooney	W. W. Chambers Co.	517-11th St. S.E.

33284

VS. A15A

RECEIVED
NOV 30 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11480

Reg. Dist. No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hgts. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5310 - 4 St. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George. Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Md
STREET ADDRESS (If rural, give location) 5310 - 4 St S E

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) FRANKLIN (Last) HAYES
4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20-1870
9. AGE last birthday: 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker.
10b. KIND OF BUSINESS OR INDUSTRY: Vegetable.
11. BIRTHPLACE (State or foreign country): Washington. D.C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hayes
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Emory Hayes. RR2 Herndon Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov., 1950, to 22 Nov., 1950 that I last saw the deceased alive on 20 Nov., 1950 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William B. Yowell M.D. | 2353-24th St. S.E. D.C. | 11/22/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: Nov. 25 1950 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: Nov. 22-1950 | REGISTRAR'S SIGNATURE: Carrie F. Campbell | 24. FUNERAL DIRECTOR: Deal Funeral Home | ADDRESS: Wash. D.C

15461

RECEIVED
NOV 27 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

11481

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY in this place Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Allentown Road S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Col COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1823 Bay Street, S.E.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Vernon (Last) Hayes

4. DATE OF DEATH: (Month) Nov. (Day) 17th, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 26, 1908

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Taxi (Self)

11. BIRTHPLACE (State or foreign country): Suffock, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles T. Hayes

14. MOTHER'S MAIDEN NAME: Elizabeth F. Harrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs. Annie L. Hayes (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work [ ] Not while at work [ ] | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE James J. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 11/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/18/50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Suffock, Va.

DATE REC'D BY LOCAL REG. Nov. 18-50 | REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR ADDRESS W.W.Chambers Co. 517--11th St.S.E. Washington, D.C.

#205V

RECEIVED
NOV 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11482

231

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 12 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 5605 36th Place

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) JANE (Last) Mrs. HILLIARD

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Nov. 15, 1906

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S.A. - Wash., D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCIS WOOD

14. MOTHER'S MAIDEN NAME: CATHERINE O'NEILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 517-01-1086

17. INFORMANT AND ADDRESS: HARRY E. HILLIARD 5605-36th Place Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure; thrombosis

416 X 95b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of left atrial appendage; pericard.t.s:

(c) on basis of ACUTE EXACERBATION of Rheumatic Ht. Disease.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1936, to 11-14, 1950, that I last saw the deceased alive on 11-13, 1950, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) (Dept. Ref.) ADDRESS Hyattsville, Md. DATE SIGNED 11-14-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/17/1950 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Suitland, Pr. Geo., Md.

DATE REC'D BY LOCAL REG. Nov 15 50 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11483

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (In this place): 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5823 - 31st place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
STREET ADDRESS (If rural give location): 6115 Arbor St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Carson	Hinegardner	Nov.	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 7, 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Purchasing Clerk	Graphic arts	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Hinegardner	Anna Kagey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	577-05-6779	Guy R. Hinegardner Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
442X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney, M.D.	Dep. Med Exam.	Cheverly Hyattsville Md	11-18-50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov. 18, 1950	Fort Lincoln Cem.	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 18, 1950	Mrs. Jas. Severe Deputy Local Reg.	J. Wm Lee's Son Co.	2300 - 4th St N.E. Wash. D.C.

26678

RECEIVED
NOV 21 1950
BUREAU Y.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11484

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Postons apt
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HANNAH (Middle) M (Last) HOAR

4. DATE OF DEATH: (Month) Nov (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 13. 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Hospt. Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Govt Clerk

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? U.S. American

13. FATHER'S NAME: Francis Dayle

14. MOTHER'S MAIDEN NAME: Bridget Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery disease	One year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	2 days.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 26-1950

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to Nov 26, 1950, that I last saw the deceased alive on Nov 25, 1950, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas Hollins MD 3324 Howe Thomas Hollins

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Nov 29 1950 | NAME OF CEMETERY OR CREMATORY: Mt Olivet | LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: Nov. 26, 1950

REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy Registrar)

24. FUNERAL DIRECTOR: S.E. Hines Co ADDRESS: 2901. 14th D.C.

26697

RECEIVED
NOV 28 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11485

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood; LENGTH OF STAY (In this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3905 Windom Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY Atlantic; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Atlantic; STREET ADDRESS (If rural, give location) 1928 Grant Ave.,

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) A. (Last) Johnson

4. DATE OF DEATH: (Month) NOV. (Day) 11 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: NOV. 8 1899

9. AGE last birthday: 51 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee Jones

14. MOTHER'S MAIDEN NAME: Augusta Gestner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Frederick A. Johnson Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: 10-31-50

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Left Lung & Throat — about 3 yrs.

1248X 45f

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) neither

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22-, 1950, to 11-11, 1950, that I last saw the deceased alive on 11-10-, 1950 and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William N. Spiller M.D. Brentwood, Md. 11-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 11/11/50

NAME OF CEMETERY OR CREMATORY 1830-9th St. N.W.

LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 11/11/50

REGISTRAR'S SIGNATURE James Leary

24. FUNERAL DIRECTOR Robert E. McGuire

ADDRESS 1820-9th St. N.W. Washington, D.C.

VS. A15

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NOV 13 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

not CR

11486

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taioma Park
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Elm Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Francisco
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARGARET MUZZY JONES

4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1950 19

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH May 27, 1858

9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker (retired)

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) California

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown Muzzy

14. MOTHER'S MAIDEN NAME Unknown Sponogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Commander Russell Burton Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Cerebral Hemorrhage	30 min.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart Disease	—
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10/50, 19....., to 11/24/50, 19....., that I last saw the deceased alive on 11/24/50, 19....., and that death occurred at 3 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marion Bauchead M.D.

ADDRESS 9601 Sutton place Silver Spring, Md

DATE SIGNED 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF Nov. 27, 1950

NAME OF CEMETERY OR CREMATORY Cypress Lawn Cemetery

LOCATION (City, town, or county) (State) San Francisco, California

DATE REC'D BY LOCAL REG. Dec 1, 1950

REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS Silver Spring, Md.

RECEIVED
DEC 4 1950
BUREAU T. S

11487

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts — LENGTH OF STAY (in this place) 1 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1000 60th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural give location) 1000 60th Ave

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) Drake (Last) Jones
4. DATE OF DEATH (Month) (Day) (Year) 11 - 30 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 2, 1950
9. AGE last birthday yrs. — If under 1 year Months 1 Days 20 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Oscar Edward Jones
14. MOTHER'S MAIDEN NAME Rebecca Newman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rebecca Jones — Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

921.0 Immediate cause (a) Asphyxia

195d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aspiration of stomach contents

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Fairmont Heights (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-30-50 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Aspiration of stomach contents

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney M.D. Dep. Med. Exam. — Cheverly Md. — 11-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Dec. 1, 1950
NAME OF CEMETERY OR CREMATORY Robinson Funeral Co.
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 12/1/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Robinson Funeral Co.
ADDRESS 1313-6th St. N.W.

Sign Here Carrie F. Carrifell 10002022 1404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 6 1950
U.S. BUREAU V. S.

11488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince Georges County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover, Md. — LENGTH OF STAY (in this place): 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Columbia Park — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Landover Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Boyd (Last) Kelly

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 1882 Aug 13
9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Pa. Ges. Genl. Hosp.
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? W. S. A.

13. FATHER'S NAME: Thomas. Kelly
14. MOTHER'S MAIDEN NAME: Mary Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Ellen B. Noone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 28 years

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 21 Oct., 1950, to 13 Nov., 1950, that I last saw the deceased alive on 10 Nov., 1950, and that death occurred at 1:10 P.M. m., from the causes and on the date stated above.

SIGNATURE: Thomas M. Hutchins (Degree or title) M.D. — ADDRESS: Kent Village Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov 16-1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Nov 14/50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gascho Sons — ADDRESS: Hyattsville Md.

306V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1950
BUREAU V. S

11489

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seat Pleasant School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 45 Anacostia Road

3. NAME OF DECEASED (Type or Print) (First) Melvin (Middle) Louis (Last) Kendrick
4. DATE OF DEATH (Month) Nov (Day) 26 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 4, 1890
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John James Kendrick
14. MOTHER'S MAIDEN NAME Nora Deitz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frederick Kendrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intracranial hemorrhage

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 11-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/30/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. Nov. 27, 1950
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St. S.E.

74091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 29 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11490

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 20 DC
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 325 Swan Wood SE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 20 DC
STREET ADDRESS (If rural give location): 325 Swan Wood S.E.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Anthony (Last) Key

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25 1893

9. AGE last birthday: 57 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Highway Dept

11. BIRTHPLACE (State or foreign country): Chattanooga Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Key

14. MOTHER'S MAIDEN NAME: Sally Bice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ruby L. Key (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — Interval between onset and death: 1 hour

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — Interval between onset and death: unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural Causes — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Nov 25, 1950 that I last saw the deceased alive on Nov 24, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul C Van Natta M.D. Washington 19 DC Nov 25 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/28/50 — NAME OF CEMETERY OR CREMATORY: Washington Natl — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: Nov 26-1950 — REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co. 517 11th St S.E.

33698

VS. A15

RECEIVED
DEC 1 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1491
Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 yr., 1 month, & 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. DC — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3211 5th St., S. E.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) C (Last) KOBLENZ

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/30/1900

9. AGE last birthday: 50 yrs.
If under 1 year: Months —
If under 24 hrs.: Days — Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard

11. BIRTHPLACE (State or foreign country): ? Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius Koblenz

14. MOTHER'S MAIDEN NAME: Mary Goodat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary Tuberculosis — Interval Between Onset and Death: 14 yrs.

13 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1949, to 11/4, 1950, that I last saw the deceased alive on 11/3, 1950, and that death occurred at 12:20 a. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane — (Degree or title) M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED: 11/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/7/50 — NAME OF CEMETERY OR CREMATORY: Nat. Mem. Park, Falls Church, Va. — LOCATION (City, town, or county) (State): Falls Church, Fairfax, Va.

DATE REC'D BY LOCAL REG.: 11/5/50 — REGISTRAR'S SIGNATURE: Mol Weiss

24. FUNERAL DIRECTOR: J. Wm. Lee's Sons Co — ADDRESS: 300-4th St N.E.

J 32697

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11492

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1352 Langley Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 1352 Langley Way

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Everett (Last) Lee

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 22, 1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer
10b. KIND OF BUSINESS OR INDUSTRY G & G, Constellation
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cornelius Lee
14. MOTHER'S MAIDEN NAME Nettie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 598-14-4168
17. INFORMANT Mrs Nettie Hall - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Thrombosis

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of tibia & fibula - (rt)

170C (c) Struck by automobile

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Falls Church (COUNTY) Fairfax (STATE) Va
TIME OF INJURY (Month) Aug. (Day) 27, (Year) 1950 (Hour) 8:00 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by an automobile on Lee Highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. Dep. Med. Exam (Degree or title) ADDRESS Cheverly - Hyattsville, Md DATE SIGNED 11-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 22 Nov 1950
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Nov 22, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

98819

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11493

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 11 mos., & 30 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 649 Eye St., S. E.

3. NAME OF DECEASED (Type or Print)	(First) RUSSELL	(Middle) O.	(Last) LEIGH	4. DATE OF DEATH	(Month) 11	(Day) 27	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5/23/1894	9. AGE last birthday 56 yrs.	If under 1 year Months –	Days –	If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Capitol Bldg., Washington, D.C.	11. BIRTHPLACE (State or foreign country) Arlington, Va.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frederick H. Leigh		14. MOTHER'S MAIDEN NAME Grace Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –	16. SOCIAL SECURITY NO. 577-07-8322	17. INFORMANT AND ADDRESS Decedent	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	13 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cor Pulmonale	9 mos.
	(c) Silicosis	Duration unknown

002X

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11/28, 1949, to 11/27, 1950, that I last saw the deceased alive on 11/27, 1950, and that death occurred at 9 35 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	11/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11-30-50	NAME OF CEMETERY OR CREMATORY Fort Lincoln	LOCATION (City, town, or county) (State) Pr. Geo. Co. Md.
DATE REC'D BY LOCAL REG. 11/27/50	REGISTRAR'S SIGNATURE Moe Weiss	24. FUNERAL DIRECTOR W. W. Chambers Co.	ADDRESS 517-11-St. S.E. Wash.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Geo. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 6 hrs. 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 5353 Downey Place, Bladensburg

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) MANION

4. DATE OF DEATH (Month) Nov. (Day) 17 (Year) 1950

5. SEX Female

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Nov. 17, 1950

9. AGE last birthday yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 6-9, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Manion, M.D.

14. MOTHER'S MAIDEN NAME Billie Pappas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

7625 (57)

Immediate cause (a) Immaturity (6 mo.) Foetus.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis - J

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1950, to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 12 15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Francis Scalisea M.D. 3547 Chesapeake St NW 11/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/18/50

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 11/17/50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 641-H St. N.E. Washington, D.C.

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NOV 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11494

CERTIFICATE OF DEATH

Reg. Dist. No. 7-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 7 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie; STREET ADDRESS (If rural give location) 9th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH	ANN	McCLELLAND	11	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Mar. 15, 1878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James A. Higgs

14. MOTHER'S MAIDEN NAME: Sarah Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: James F. McClelland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Arteriosclerosis	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	
	(c) Abscess, Tubercular, Left Flank	3 mos

012.3

17a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to Nov, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Bernard A. Fitzgerald MD	807 Malcolm Dr. S. L. Md.	11/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/16/50	Bowie Catholic Cemetery	Bowie	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 15, 1950	James Devery	F. Gaudlieon	Hyattsville Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Hill
LENGTH OF STAY (In this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4765 Branch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clinton
STREET ADDRESS (If rural, give location): Thrift Road

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) (Last) Miller

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1950

5. SEX: female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed — 8. DATE OF BIRTH: June 9 1860 — 9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Owens — 14. MOTHER'S MAIDEN NAME: Rachel Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs. Mable Schultz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

4420 (b) Mesenteric Thrombosis

131a (c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 30, to Nov 17, 19 50, that I last saw the deceased alive on Nov 11, 19 50, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James D. Boyd — ADDRESS: Forestville Md — DATE SIGNED: 11-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 15 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REG.: Nov 22-50 — REGISTRAR'S SIGNATURE: Howard J Beall — 24. FUNERAL DIRECTOR: Simmons Bros. — ADDRESS: 2007 Nichols Ave SE Wash DC

Mrs. Alton Davis

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NOV 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11496

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4103 Emerson Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4103 Emerson Street

3. NAME OF DECEASED (Type or Print) (First) ALFRED (Middle) ROBERT (Last) MORTON

4. DATE OF DEATH (Month) November (Day) 29th, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct.2/1886
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Chief Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY Wash.Terminal
11. BIRTHPLACE (State or foreign country) Backbone, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Seth Morton
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Eleanor V.Callaghan 1630 Underwood St N.W Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27, 1950, to 11/29, 1950, that I last saw the deceased alive on 11-28, 1950, and that death occurred at 10 9 m., from the causes and on the date stated above.

SIGNATURE Leonard Hay (Degree or title) MD ADDRESS Hyattsville DATE SIGNED 11/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec.2/1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Pr.Geo. Md.

DATE REC'D BY LOCAL REG. Nov 29, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR ADDRESS W.W.Chambers Company, Riverdale, Md.

24047

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Pr. Geo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tanyo — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	Elizabeth	PARKER	Nov	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W.	Married	Apr 3, 1919	31 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Clerk	Court House	Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arthur DeMarr	Della Kinnamon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	577-18-8880	Everett J. Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	5 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive CVR Disease	8 yrs
	(c) Malignant Nephrosclerosis	8 yrs

441X
1310

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug ....., 1948, to Nov 18, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B Sasscer	MD	Upper Marlboro Md	18 Nov 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/21/50	Cedar Hill	Suitland	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 20 1950	R Earl Smith	Ritchie Bros. Funeral Home.	Upper Marlboro, Md.

26698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Evidence for changes in 8 & 9 shown on:

FILM No. G 129 DEC 12 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (In this place) 2 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4524 - 39th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - Pr. Geo COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural give location) 4524 - 39th Place

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) (Last) Pettiford

4. DATE OF DEATH (Month) (Day) (Year) Nov. 24 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-18-1878
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sam Jones
14. MOTHER'S MAIDEN NAME Winnie Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Lovie Nevile - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney - M.D., Dep. Med. Exam. Cheverly - Hyattsville, Md 11-25-50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 26 Nov. 1950
NAME OF CEMETERY OR CREMATORY Frasier Funeral Home
LOCATION (City, town, or county) (State) 389 Rhode Island Ave., West; D.C.

DATE REC'D BY LOCAL REG. Nov 26, 1950
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gasch & Sons Hyatts, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11499

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) 2½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Spring Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural give location) 10 Spring Lane

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lowell (Last) Reed
4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	4-10-88	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Reed
14. MOTHER'S MAIDEN NAME: Mary Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph A. Kaeng

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 131a	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): James S. Boyd M.D. — ADDRESS: Forestville Md. — DATE SIGNED: 11-26-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/29/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Upper Marlboro Md

DATE REC'D BY LOCAL REG. Nov. 26-1950 — REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR — ADDRESS: W. B. Chambers Co. 517 11th St SE

00097

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DEC 1 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11500

CERTIFICATE OF DEATH

Reg. Dist. No. 715

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges Co; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsv ille Md | LENGTH OF STAY (in this place) 7 in Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4707 Baltimoer Ave; Hy; Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 4707 Baltimore avenue,.

3. NAME OF DECEASED (Type or Print): (First) Thersa (Middle) (Last) Rehack
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	OCT 3, 1876	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	At Home	Czechoslavakia	U.S.A.

13. FATHER'S NAME: Zuska
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	None	Rose Nickles As above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic Pneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis with	years
331X 53a	(c) recurrent cerebral hemorrhages	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

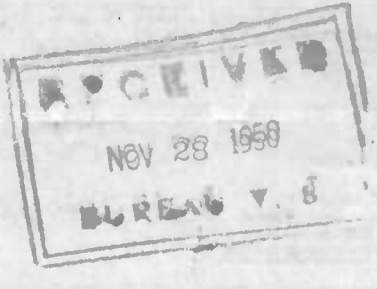
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 19 50, to Nov. 24, 19 50, that I last saw the deceased alive on Nov. 24, 19 50, and that death occurred at 9:25 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ronald S. Fleischer	M.D.	5432 Queens Chapel Rd. Hyattsville Md	11/25/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 27, 1950	Ft Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 26, 1950	James Berry	F Gasche sons	Hyattsville Md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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11501

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8117 University Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 8117 University Lane

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Reuben (Last)

4. DATE OF DEATH (Month) 11 (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 6, 1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Safety Engineer
10b. KIND OF BUSINESS OR INDUSTRY Interstate Commerce
11. BIRTHPLACE (State or foreign country) Philadelphia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bert Reuben
14. MOTHER'S MAIDEN NAME Catherine Ernest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO. 165-10-5972
17. INFORMANT Laura Elizabeth Reuben - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md. 11-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF Nov 13, 1950
NAME OF CEMETERY OR CREMATORY Philadelphia
LOCATION (City, town, or county) (State) Pennsylvania

DATE REC'D BY LOCAL REG. 11/13/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md.
ADDRESS

11/16/50 James Seray

V2098

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11502

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 4 yrs., 2 mos., & 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 810 5th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) C (Last) Ritter

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 5/30/1889

9. AGE last birthday: 61 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Marion, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Ritter

14. MOTHER'S MAIDEN NAME: Mary Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 577-12-4179

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis Far Advanced	7 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cor Pulmonale	1 year
	(c)	

002X
138

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1949, to 11/13, 1950, that I last saw the deceased alive on 11/13, 1950, and that death occurred at 3-45 A m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Md. DATE SIGNED 11/13/50

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 14 Nov. 1950 — NAME OF CEMETERY OR CREMATORY Davis Funeral Home — LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. 11/14/50 — REGISTRAR'S SIGNATURE Rose Weiss — 24. FUNERAL DIRECTOR & ADDRESS E. Davis Sons Hyatts. Md.

30 8V9

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NOV 20 1950
BUREAU T. S.

11503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Apt 1 - Main ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Upper Marlboro Prince Georges Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro Md
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print) (First) CORNELIA (Middle) R. (Last) ROBINSON
4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH March 9-1875
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Retired
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) OXON HILL, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN M. ROBERTS
14. MOTHER'S MAIDEN NAME C. ALICE CONNICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT R. HENRY ROBINSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver Hypertrophic — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

450.0 Antecedent cause(s) (b) Chronic hypertrophic arthritis — "about 20 years"

124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Cause
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 31, 1950 to Nov 19, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 8 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul C. Van Hatta M.D. Washington 19 DC Nov 19 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE Nov 21-1950 NAME OF CEMETERY OR CREMATORY ST. Barnabas Cemetery LOCATION (City, town, or county) Oxon Hill Md (State)

DATE REC'D BY LOCAL REG. Nov. 19-1950 REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR Simmons Bros ADDRESS 2007 - Nichols Ave S.E.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11504

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If on a farm, give location) 6408 - Elliott Place

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Rollins

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 13, 1945

9. AGE last birthday: 5 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Thomas Rollins

14. MOTHER'S MAIDEN NAME: Wilma E. Roby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wm. Thos. Robins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary hemorrhage from throat

(c) Tonsillectomy

510.1
115c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Md. Exam. Cheverly Hyattsville, Md 11-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/4/50
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG.: Nov 2 '50
REGISTRAR'S SIGNATURE: Amanda Lowery
24. FUNERAL DIRECTOR: W. M. Pope
ADDRESS: 301 4th St. N.E.

RECEIVED
NOV 7 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11505

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash., D.C.
STREET ADDRESS (If rural, give location) 1445 Clifton St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	I	Rose	Nov.	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		16 Nov. 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm	Farming	Georgia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Rose	Sarah Grey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Albert Rose - 1445 Clifton St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Obstruction of Hepatic Ducts	
15Y Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46Y	(b) Metastatic Carcinoma of Liver & Spleen	
	(c) Primary Carcinoma of Tail of Pancreas	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-3, 1950, to 11-11, 1950, that I last saw the deceased alive on 11-11, 1950, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis M. Jimal	M.D.	Cottage City, Md	11-10-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11-11-50		Dalton, Georgia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-10-50	Amanda Downey	Chambers	3072 - M. St. N.W.

OOOUV

RECEIVED
NOV 13 1950
U.S. BUREAU OF MINES

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11596

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 27 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 840 Delafield Place, N. W.

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) REED (Last) SCOTT
4. DATE OF DEATH (Month) Nov (Day) 30th (Year) 1950

5. SEX MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/20/1897
9. AGE last birthday 53 yrs. If under 1 year Months – Days – If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant foreman
10b. KIND OF BUSINESS OR INDUSTRY Standard Brands
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William A. Scott
14. MOTHER'S MAIDEN NAME Mary Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. 579-01-3137
17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	1 mo
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3rd, 1950, to Nov 30th, 1950, that I last saw the deceased alive on Nov 29th, 1950, and that death occurred at 12-55A. m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M. D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 11/30/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 12-30-50
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland (State) MD.

DATE REC'D BY LOCAL REG. 11/30/50
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR Phil J. H. Hines ADDRESS 60-2901-14th St. N.W.

31699

RECEIVED
DEC 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11507

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 1 Yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5110 54th Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	B.	Shafer	Nov.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Apr. 5, 1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Insurance	West Virginia	USA

13. FATHER'S NAME Enoch Ward Shafer

14. MOTHER'S MAIDEN NAME Flora Gertrude Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Virginia A. Shafer

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular disease	
93d	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D.	Cheverly Hyattsville Md	11-27-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	21 Nov 1950	Fernwood Cemetery	Phila; Pa.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 29/50	Amanda Downey	J. Gasch's & Sons	Hyatts; Md.

J. Gasch & Sons.

25280

VS. A15A

RECEIVED
NOV 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11588

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxen Hill | LENGTH OF STAY in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6225 - Livingston Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxen Hill
STREET ADDRESS (If rural, give location) 6225 - Livingston Rd

3. NAME OF DECEASED (Type or Print) (First) John (Middle) O (Last) Sheriff

4. DATE OF DEATH (Month) Nov (Day) 15 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12-20-1905 | 9. AGE last birthday 44 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY Auto | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Joseph Sheriff | 14. MOTHER'S MAIDEN NAME Virginia Smithson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY No. None | 17. INFORMANT AND ADDRESS Catherine Sheriff Oxen Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma esophagus — Interval Between Onset and Death: 5 months

150X Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 16, 1950, to Nov 15, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B Fegan M.D. 2210 Medical Arts Bldg Wash DC 11-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 11-18-1950 | NAME OF CEMETERY OR CREMATORY St Ignatious | LOCATION (City, town, or county) (State) Oxen Hill, Md

DATE REC'D BY LOCAL REG. Nov. 16, 1950 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR W N Chambers Co | ADDRESS 417-11th St. S.E.

33284

RECEIVED
NOV 20 1950
BUREAU T. I.

11509

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Connecticut COUNTY Fairfield County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westport
STREET ADDRESS (If rural, give location) 291 Riverside avenue ✓

3. NAME OF DECEASED (Type or Print) (First) Steve (Middle) James (Last) Shukie
4. DATE OF DEATH (Month) (Day) (Year) Nov 30, 1950 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/6/1909
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawn Mower salesman
10b. KIND OF BUSINESS OR INDUSTRY own business
11. BIRTHPLACE (State or foreign country) Westport Connecticut
12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME John Shukie Sr
14. MOTHER'S MAIDEN NAME Agnes Andrekovics

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) W W 11
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John Shukie Jr Westport Connecticut

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Cr.~~ Congestive heart failure

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral edema and congestion

93e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 11-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF 12/1/1950
NAME OF CEMETERY OR CREMATORY Westport Connecticut
LOCATION (City, town, or county) (State) Connecticut

DATE REC'D BY LOCAL REG. Nov. 30, 1950
REGISTRAR'S SIGNATURE Mrs Jas. Severe (Deputy)
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

27834

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly
   LENGTH OF STAY (In this place) 8 8 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 8040 Allentown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P G
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly
   STREET ADDRESS (If rural, give location) 8040 Allentown Rd

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1867

9. AGE last birthday: 86 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Smith

14. MOTHER'S MAIDEN NAME: Mary Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ophelia S Ransome

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Acute bronchitis

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to Nov 21, 19.., that I last saw the deceased alive on Nov 20, 19.., and that death occurred at 11 15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James E. Boyd M.D. Forestville Md 11-21-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Nov. 24-1950 — NAME OF CEMETERY OR CREMATORY Piscataway Md — LOCATION (City, town, or county) (State) St Mary's Cemetery

DATE REC'D BY LOCAL REG. Nov. 21-1950 — REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR — ADDRESS

Barnes & Matthews

614-4th St. S.W.

98849

RECEIVED
NOV 29 1950
BUREAU V. S

11511

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 819 - 61st Avenue

3. NAME OF DECEASED (Type or Print) (First) Lona (Middle) Geneva (Last) Spears
4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Dec 16 1883
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Lewis Mobbs
14. MOTHER'S MAIDEN NAME Lona Mobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ① Hypertensive Cardiorenal	8 years
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Vascular Disease	
131a	(c) ② Bronchial Asthma 2 years.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-, 1949, to 11-23, 1950, that I last saw the deceased alive on 11-23, 1950, and that death occurred at 7 40 p m., from the causes and on the date stated above.

SIGNATURE Charles C. Hageage (Degree or title) M.D. ADDRESS Mt. Rainier, Md. DATE SIGNED Nov. 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 27, 1950
NAME OF CEMETERY OR CREMATORY Coppers Springs
LOCATION (City, town, or county) Conway (State) Ark.

DATE REC'D BY LOCAL REG. 11-24-50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. W. Lee's Sons Co. ADDRESS 300-4th St. N.E.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 27 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11512

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Lewisdale

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural give location) 2065 - Beachwood Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	B.	Stafford	11	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Divorced	12/28/1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Watchman	Steel Plant	Indiana	U.S.A.

13. FATHER'S NAME James M. Stafford — 14. MOTHER'S MAIDEN NAME Sarah [illegible] Meadows

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	310-03-5247	Wilmer Ramsey (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442x Immediate cause	(a) Nephritis	
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct. 23, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl N. Graff	M.D.	3400 24th St NE	11-7-50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/8/50		Beltonville, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 7 1950	Mrs Geo. Sevens (Deputy) (Mt. Rainier, Md)	Wallace Funeral Home Inc.	3200 - Rhode Island Ave 20863

VS. A15

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11513

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9201 - Old Fort Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill
STREET ADDRESS (If rural give location) 9201 Old Fort Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Stepney

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1950

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 3, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mattie Stepney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 11-20-50

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF: 11/24/50 — NAME OF CEMETERY OR CREMATORY: Church Cemetery — LOCATION (City, town, or county) (State): Chapel Hill, Maryland

DATE REC'D BY LOCAL REG.: 11/20/50 — REGISTRAR'S SIGNATURE: Mrs. Alton Davis

24. FUNERAL DIRECTOR: John T. Kriner Co. — ADDRESS: 901-3rd St. S.W. Washington, D.C.

240 99

VS. A15A

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NOV 27 1950
WASH. D. C.

11514

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7/5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Meadows; LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2009 Somerset St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Meadows - Hyattsville
STREET ADDRESS (If rural give location) 2009 - Somerset St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	David	Stevens	Nov.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Apr. 1, 1901	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Radioman	Printing Type	New York	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Swain Stevens	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Florence Mae Stevens, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Malarkey, M.D. Dep. Med. Exam.	Cheverly - Hyattsville Md	11-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	21 Nov 1950	Ft Lincoln Cemetery	Colmar Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 19, 1950	James Sleezy	F. Gasch's & Sons	Hyatts; Md.

F. Gasch & Sons

27837

VS. A15A

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NOV 21 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11515

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie — LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pri Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) O. (Last) Watson
4. DATE OF DEATH: (Month) Nove (Day) 13 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: ~~Unknown~~ about 1870
9. AGE last birthday: 80 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Watchman P.R.R.
11. BIRTHPLACE (State or foreign country): Marlboro, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Watson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Carroll Dorsey (nephew)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 10 days

450.0 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — 6 years

(c) Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1950, to Nov. 13, 1950, that I last saw the deceased alive on Nov. 13, 1950, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE: T. Richard Conner — (Degree or title): M.D. — ADDRESS: Bowie, Md — DATE SIGNED: 11/13/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): — DATE: 11-18-50 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. Fairmount Wash. D.C. — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 11-13-50 — REGISTRAR'S SIGNATURE: Agnes M. Yingling — 24. FUNERAL DIRECTOR: Wm T. Tolbert — ADDRESS: 1308 East

61447 D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11516

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 8yrs.4 mo., 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 643- Franklin St., N.E.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) H. (Last) WEEKS, SR.

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-8-91

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Independent collector

10b. KIND OF BUSINESS OR INDUSTRY: Truck-driver.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Weeks

14. MOTHER'S MAIDEN NAME: Ida E. Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 8 yr. 6 mo.

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b-

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1942, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 5:40 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 11/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-10-50 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Lanham Md.

DATE REC'D BY LOCAL REG.: 11/7/50 | REGISTRAR'S SIGNATURE: Mol Weiss

24. FUNERAL DIRECTOR: W. W. Chambers Co ADDRESS: 511-11th St. S.E. D.C.

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NOV 11 1950
BUREAU U. S.

11517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Md.
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Marylnd COUNTY Prince Georges County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Maryland
STREET ADDRESS (If rural, give location) 3415 Kenilworth avenue

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) Weiss (Last)

4. DATE OF DEATH (Month) (Day) (Year) Nov 27, 1950- 19

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 12/31/1879

9. AGE last birthday 71 years yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Fritz Roth

14. MOTHER'S MAIDEN NAME Amelia Haske

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Sophie L. Kent Bladensburg Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ephaustion

1170K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50 (b) Carcinoma of lungs

(c) Carcinoma of breast.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Nov. 27, 1950, that I last saw the deceased alive on Nov. 26, 1950, and that death occurred at 1.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney - M.D. Cheverly - Hyattsville, Md. 11-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/30/50

NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. 11/29/50

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Maryland.

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DEC 1 1950
BUREAU V. S.

11518

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY Pr.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; STREET ADDRESS (If rural, give location) 11 15 pm

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby	Girl	Weller	11-	1-	50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Baby	10/31/50	yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby		Maryland	

13. FATHER'S NAME: James Weller Jr

14. MOTHER'S MAIDEN NAME: Vera Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
762.5 Immediate cause	(a) Prematurity	
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atelectasis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/31, 19 50, to 11/1, 19 50, that I last saw the deceased alive on 11-1, 19 50 and that death occurred at 11 15 pm m., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) MD ADDRESS College Park Md DATE SIGNED 11/2/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Nov. 3, 1950	Prince Georges Gen Hosp	Cheverly Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-7-50	Amanda Downey	Harry W Penn Jr Supt	

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RECEIVED
NOV 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11519

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4718 Rittenhouse St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4718 Rittenhouse St.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) AUGUST EDWARD (Last) WENDORFF

4. DATE OF DEATH: (Month) Nov. (Day) 10th, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/14/1884

9. AGE last birthday: 66 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shop Helper

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Iron Ridge, Wisc.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Wendorff

14. MOTHER'S MAIDEN NAME: Mary Springborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: 707-14-0599

17. INFORMANT AND ADDRESS: Martha G. Wendorff, 4718 Rittenhouse Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 days
Antecedent cause(s)	(b) Coronary Thrombosis	2 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.1 93d)	(c) General arteriosclerosis with hypertension	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Nov 10, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 8:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L W Mahn M D Riverdale Md 11-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/14/1950

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REG.: Nov 13, 1950

REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Company, Riverdale, Md.

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NOV 14 1950

11520

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2531

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 810 5th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) MR. (Middle) George (Last) Williams
4. DATE OF DEATH (Month) Nov. (Day) 29 (Year) 1950

5. SEX MAIC
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 25, 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary occlusion with posterior myocardial infarction.

570.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene of the sigmoid Colon due to Volvulus

122b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19 45, to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11 45 A m., from the causes and on the date stated above.

SIGNATURE William Bracken MD (Degree or title) ADDRESS Capitol Hgts Md DATE SIGNED 11/29/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 30 Nov. 1950 NAME OF CEMETERY OR CREMATORY Anatomy Board LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Nov. 30, 1950 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaselis Sons ADDRESS Hyatts, Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11521

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 9days 6 3/4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY: N.W.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 812 10th STreet N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Wallace	Williams	Nov.	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	widowed	May 29, 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Fireman	~~Ohio~~ Buffalo, N. Y.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Washington H. williams	Ellen Jane Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	Unknown. None	WM. M. WILLIAMS - R.D. #4 - YORK, PENNA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Hypertrophied prostate with urinary retention	2 weeks.
450.0 97 (c)	General arteriosclerosis	undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 10, 1950, to Nov 20, 1950, that I last saw the deceased alive on Nov 19, 1950, and that death occurred at 3 45 a.m. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L W Malin MD		Riverdale Md	11-20-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/25/1950	Gonito Church Cemetery	Clayville, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 20-1950	Mrs. Jas. Devere (Deputy)	H. R. Chambers Co	5801 - Cleveland ave. Riverdale, Md.

44299

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BUREAU V. R

11522

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Seat Pleasant.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 6705 F St M.E.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ..... County .....

City or town .....
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Mary E. Willner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 81 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unk
13. Birthplace

MOTHER
14. Maiden name Mary Flack
15. Birthplace

16. Informant Mrs. Anna Hinabach.
Address 2608 N. 3rd St. Arlington Va.

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof Nov. 20. 50
(month) (day) (year)

Cemetery or crematory Columbia Gardens

Location Arlington Va.

18. Funeral director Joseph F. Berch's Sons
Address 3034 M. St. NW.

19. Nov. 17 1950
(Date rec'd by registrar)
Carrie J. Campbell
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1950, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 17, 1950, to Nov. 17, 1950 and that I last saw her alive on Nov. 17, 1950

Immediate cause of death	DURATION
myocardial failure	about 2 days
Due to arterio-sclerosis	?
Due to Senility	?

Other conditions
450.0
(Include pregnancy within 3 months of death)
97

Major findings of operations .....
Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Walter K. Angevine M.D.
M. D. or other

Address 6300 - 13th St. N.W. Wash D.C. Date signed 11/17/50

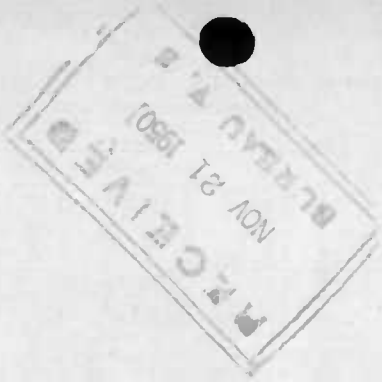
VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Antevine
6300-13th St. NW
Ge-1406

RECEIVED
NOV 21 1950
BUREAU V. B



11523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn, Md.
LENGTH OF STAY (in this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 8704-49 ave

3. NAME OF DECEASED (Type or Print) (First) MARIE (Middle) ROBERTA (Last) WILLS

4. DATE OF DEATH (Month) 11 (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1/9/1887
9. AGE last birthday 63 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress
10b. KIND OF BUSINESS OR INDUSTRY Kapauty Fur Co
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James Wills
14. MOTHER'S MAIDEN NAME Annie Edlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.
16. SOCIAL SECURITY No. 579-09-8202
17. INFORMANT Wm A. Wills, Berwyn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	1-2 dys
420.0 Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	-
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23/50, 19..., to 11/24, 1950, that I last saw the deceased alive on 11/23, 1950, and that death occurred at 5:00A m., from the causes and on the date stated above.

SIGNATURE C. L. Etienne (Degree or title) M.D. ADDRESS College Park, Md DATE SIGNED 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/27/50
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Washington (State) Ill

DATE REC'D BY LOCAL REG. 11/26/50
REGISTRAR'S SIGNATURE ~~Amanda Downey~~ John D. Smith
24. FUNERAL DIRECTOR F. Gascha Sons. ADDRESS Hyattsville, Md.

43443

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11524

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 7 mos., & 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville (D.C. SEE OVER)
STREET ADDRESS (If rural, give location) 410 Emerson St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOWARD	C	Wilson	11	8	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9/24/1899	51 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car-salesman	Ford Dealer Hyattsville, Md.	Mullin, Texas	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Wilson	Margaret Ladee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No —	455-22-8609	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	9 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4/5/50, to 11/8/50, that I last saw the deceased alive on 11/8/50, and that death occurred at 3:46 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	11/8/50

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11 Nov. 50	Mt. Lincoln Cemetery	Colmar Manor	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/50	Lee Weiss	J. Davis & Son	Hyatts., Md.

VS. A15

29864

While actually a resident of Hyattsville, Md. the deceased had not as yet gained his Maryland residence, and was considered eligible for care in Glenn Dale because of his D.C. residence. (Letter from D.C. Health Dept. Div. of Medical Social Workers - Mrs. Hannah Norman) - 2-9-51 ams

11525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY: PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: PG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma, Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6602 Gude Avenue	STREET ADDRESS (If rural give location): 6602 Gude Avenue

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) E. (Last) WITHINGTON ~~WHITINGTON~~			4. DATE OF DEATH (Month) Nov. (Day) 28, (Year) 1950	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Feb. 10, 1878	9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired auto mechanic	10b. KIND OF BUSINESS OR INDUSTRY: Own business		11. BIRTHPLACE (State or foreign country): Princeton, Mass.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ebeneezer ~~Whitington~~ WITHINGTON			14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Mary Ella Tenney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT: Mrs. Myrtle Helen Collins-Daughter	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	30 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive disease	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Nov 28, 1950, that I last saw the deceased alive on Nov 24, 1950, and that death occurred at 10:45a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John O. Schreiber, MD	1716 R. I. Ave. N.W.	Nov 28-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/29/50	Wildwood ~~Greenhill~~ Cemetery	Gardner, Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 29 1950	James Levy	Jas. Lawler & Sons	1756 Pa Ave NW Washington D.C.

33284

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1950
BUREAU